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PTO/SB/122 (05-03)

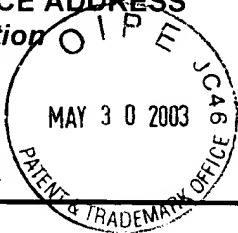
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<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.	<b>Application Number</b>	09/940,109
	<b>Filing Date</b>	08/27/2001
	<b>First Named Inventor</b>	Stanley D. Echols, et al.
	<b>Art Unit</b>	2878
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	043537.003



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- ☒ Attorney or agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name	Robert J. Veal, Reg. No. 30,895
Signature	
Date	May 28, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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2878

PTO/SB/21 (05-03)

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# TRANSMITTAL FORM

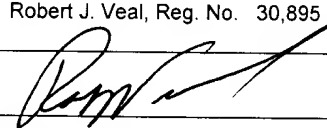
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/940,109
		Filing Date	08/27/2001
		First Named Inventor	Stanley D. Echols, et al.
		Art Unit	2878
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	043537.003

## ENCLOSURES (check all that apply)

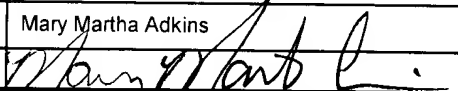
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert J. Veal, Reg. No. 30,895
Signature	
Date	May 28, 2003

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